

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214542394				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: First National Bank</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SPILMAN THOMAS & BATTLE, PLLC 310 FIRST STREET, SW, SUITE 1100 P.O. BOX 90 (ATTN. HUGH B. WELLONS)</p> <p>ROANOKE, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2014</p> <p>SCC ID NO: F1483405</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>250,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	250,000
CLASS	AUTHORIZED					
COMMON	250,000					
<p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY</p>						
<p>4.) STATE OR COUNTRY OF INCORPORATION: US</p>						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1 CEDAR ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: RONCEVERTE, WV 24970</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MATTHEW L BURNS TITLE: CEO/PRES ADDRESS: 1 CEDAR ST CITY/ST/ZIP/CO: RONCEVERTE, WV 24970 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MATTHEW L BURNS TITLE: CEO/PRES ADDRESS: 1 CEDAR ST CITY/ST/ZIP/CO: RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MATTHEW L BURNS TITLE: CEO/PRES ADDRESS: 1 CEDAR ST CITY/ST/ZIP/CO: RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SELINA D CAHILL TITLE: MARKETING ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SELINA D CAHILL TITLE: MARKETING ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SELINA D CAHILL TITLE: MARKETING ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ADAM L ERSKINE TITLE: CFO ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ADAM L ERSKINE TITLE: CFO ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ADAM L ERSKINE TITLE: CFO ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM J GROVES II TITLE: CHF CREDIT OFCR ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM J GROVES II TITLE: CHF CREDIT OFCR ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WILLIAM J GROVES II TITLE: CHF CREDIT OFCR ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CRYSTAL HOMER TITLE: HUMAN RES EXEC ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CRYSTAL HOMER TITLE: HUMAN RES EXEC ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CRYSTAL HOMER TITLE: HUMAN RES EXEC ADDRESS: ONE CEDAR STREET CITY/ST/ZIP/CO: PO BOX 457 RONCEVERTE, WV 24970	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	KATHY L KING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AUDIT/COM		
ADDRESS:	ONE CEDAR STREET PO BOX 457		
CITY/ST/ZIP/CO:	RONCEVERTE, WV 24970		
NAME:	MARY F THOMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	1 CEDAR STREET PO BOX 457		
CITY/ST/ZIP/CO:	RONCEVERTE, WV 24970		
NAME:	JEFFREY A VICKERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHF LENDING OFC		
ADDRESS:	ONE CEDAR ST		
CITY/ST/ZIP/CO:	RONCEVERTE, WV 24970		
NAME:	RONALD B SNYDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 128		
CITY/ST/ZIP/CO:	LEWISBURG, WV 24901		
NAME:	AARON AMBLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	113 N. JEFFERSON ST.		
CITY/ST/ZIP/CO:	LEWISBURG, WV 24901		
NAME:	MICHAEL G CAMPBELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 67		
CITY/ST/ZIP/CO:	RENICK, WV 24966		
NAME:	D. ALLEN CARSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 787		
CITY/ST/ZIP/CO:	LEWISBURG, WV 24901		
NAME:	CATHY L JUSTICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	208 DWYER LANE		
CITY/ST/ZIP/CO:	LEWISBURG, WV 24901		
NAME:	DEBORAH LESLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7502 SALEM ROAD		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22043		
NAME:	JASON REAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 VIA LARGO DRIVE		
CITY/ST/ZIP/CO:	LEWISBURG, WV 24901		
NAME:	WILLIAM R SATTERFIELD JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	31 FRANCIS WAY UNDERWOOD ESTATES		
CITY/ST/ZIP/CO:	LEWISBURG, WV 24901		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN WORKMAN DIRECTOR 111 DAVIS STUART ROAD RONCEVERTE, WV 24970	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ADAM L ERSKINE	ADAM L ERSKINE, CFO	9/9/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			